

03-10-08

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27572 7590 12/27/2007

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the ~~U.S. Patent and Trademark Office~~ address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Michael E. Hilton	(Depositor's name)
	(Signature)
March 7, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/698,002	10/30/2003	Shinobu Sakurada	1300-000008	7421

TITLE OF INVENTION: ORGANIC SEMICONDUCTOR MATERIAL AND ORGANIC SEMICONDUCTOR ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/27/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS			03/11/2008 KGBBREMP 52220266 10590022	
HON, SOW FUN	1794	252-299010		01 FC:1501 02 FC:1504	1440.00 OP 360.00 CP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list					
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					Harness, Dickey & Pierce
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Dai Nippon Printing Co., Ltd.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo-tu, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge ~~XXXXXX~~ any deficiency, or credit any overpayment, to Deposit Account Number 08-0750 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date March 7, 2008

Typed or printed name

Michael E. Hilton

Registration No. 33,509

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